

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

COLLINS FOR CONGRESS

ADDRESS (number and street)

PO BOX 6491



(Check if address is changed)

ATHENS

CITY ▲

GA

STATE ▲

30604

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

MIKECOLLINS@PDSCOMPLIANCE.COM

Optional Second E-Mail Address

ADMIN@PDSCOMPLIANCE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

<https://mikecollinsga.com/>

2. DATE

MM / DD / YYYY
05 / 22 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00544684

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BROWN, MEGAN, , ,

Signature of Treasurer BROWN, MEGAN, , ,

Date

MM / DD / YYYY
05 / 22 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

COLLINS FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

TRANSPORTATION TRUST FUND

Mailing Address

502 6TH STREET

HUDSON

WI

54016

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

BROWN, MEGAN, , ,

Mailing Address

824 S. MILLEDGE AVE. STE. 101

ATHENS

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

706

534

7780

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

BROWN, MEGAN, , ,

Mailing Address

824 S. MILLEDGE AVE. STE. 101

ATHENS

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

706

534

7780

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CLASSIC CITY BANK

Mailing Address

2365 W BROAD STREET

ATHENS

CITY ▲

GA

STATE ▲

30606

ZIP CODE ▲

Name of Bank, Depository, etc.

Capital Bank

Mailing Address

10700 Parkridge Blvd

Ste 180

Reston

CITY ▲

VA

STATE ▲

20191

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**COLLINS VICTORY FUND

Mailing Address

824 S MILLEDGE AVE

_____STE 101

_____ATHENS

_____GA

_____30605

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____-_____-_____
_____-_____-_____9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc. _____
_____Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲